

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/602,740		FILING DATE	10/23/00	
APPLICANT(S)					
	IND.	DEP.	IND.	DEP.	IND.
51					
52					
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97					
98					
99					
100					
TOTAL IND.	15	4	1	1	
TOTAL DEP.	29	16	2	1	
TOTAL CLAIMS	44	20			

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS